

NATIONAL CANCER INSTITUTE AT FREDERICK
IRRADIATOR USER APPLICATION FORM
(This form must be typed)

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TO: RADIATION SAFETY OFFICE

DATE: _____

RADIOLOGICAL PROGRAM NUMBER: _____

Please amend the following applicant to use the irradiator under the Radiological Program listed above.

New Applicant: _____
(First) (Middle) (Last) (Employee No.)

Birth Date: _____ Social Security Number: _____

Present Position (Title): _____

Location (Building/Room): _____

Employer: Government _____ SAIC _____ Other _____

Have you ever worked with radioactive materials before? (Either here at the NCI-F or another facility): _____ YES _____ NO

I will abide by the operations and emergency procedures for this irradiator.

(Applicant's Signature) (Date)

This person has received training on the operations and emergency procedures for this irradiator.

(Principal Investigator's Signature) (Date)

***PROOF OF TRAINING COMPLETION (COPY OF SIGNATURE SHEET) MUST BE PROVIDED WITH THIS FORM.**